REQUEST FOR CERTIFIED COPY OF AN ACKNOWLEDGMENT OF PATERNITY

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
SFN 61645 (12-2019)

PLEASE PRINT - ALL ITEMS MUST BE COMPLETED AND LEGIBLE TO LOCATE AND IDENTIFY THE RECORD

1. Full Name of Child on Birth Record	2. Sex ☐ Male ☐ Female
3. Date of Birth or Death (Month, Day, Year)	4. Place of Birth or Death (City, Township or County)
5. Full Name of Father (First, Middle, Last)	
6. Full Name of Mother (First, Middle, **Maiden**)	
7. Number of Certified Copies Requested **($15.00 per copy requested)**	8. Fees: **(Check or Money Order)** **$ _____ .00**

9. Requestor Relationship to Person on Line 1*

☐ Mother ☐ Father ☐ Self (must be at least 16 years old) ☐ Authorized Rep (include court order)
☐ Legal Guardian (must include guardianship papers - Social Services must also include employment photo ID)

Requestor Signature	Date Signed
Requestor Printed Name	Daytime Telephone Number ( )
Mailing Address	Apartment Number

City	State	ZIP Code

Shipping Options: (First Class Mail is the no cost default)

☐ First Class Mail ☐ USPS Priority Mail - $10 ☐ FedEx - $20 (Add $6 for AK or HI) ☐ UPS - $15 ☐ Waive Signature - FedEx or UPS

IDENTIFICATION REQUIRED *- Requestor must submit A) One **Primary** form of ID;* **OR** *B) Two **Secondary** forms of ID;* **OR** *C) Submit a **Notarized** application. (Choose A or B or C) - Acceptable forms of identification listed on back of the form)*

Date Subscribed and Sworn Before Me	My Commission Expires	SEAL
County	State	
Signature of Notary Public		

Warning *- NDCC 23-02.1-32(c) Penalties. Any person who willfully or knowingly uses or attempts to use or to furnish to another for use, for any purpose of deception, any certificate, record, report, or certified copy thereof so made, altered, amended or mutilated shall be guilty of a class C felony.*

PLEASE DO NOT ENTER ANYTHING BELOW THE LINE - THIS PORTION FOR OFFICIAL VITAL RECORDS OFFICE USE ONLY

Identification Verified	Fee Received

INSTRUCTIONS FOR OBTAINING A CERTIFIED COPY OF AN ACKNOWLEDGMENT OF PATERNITY

Proof of identification must be submitted by the requestor before we can issue a certified copy of a birth record. The requestor must submit legible copies of either A) One **PRIMARY** form of ID; or B) Two **SECONDARY** forms of ID; or C) Submit a **NOTARIZED** form. Specific instructions are below for each option:

A) **PRIMARY** Identification options: (Must show Name, Date of Birth and Expiration Date. If this information is listed on opposite sides of the ID, then we need a copy of both sides of the ID)

1. State Government issued Photo ID or Driver's License
2. Bureau of Indian Affairs issued tribal ID card
3. US Government issued Military ID card
4. US Government issued Passport or Visa
5. US Government issued Permanent Resident Card

B) Two **SECONDARY** Identification options:

1. Social Security Card
2. Medicare/Medicaid Card
3. Utility bill with the current address (within the last three months)
4. Bank Statement with the current address (within the last three months)
5. Pay Stub (within the last three months) or W-2 (issued for the previous tax year)
6. Motor Vehicle Registration Card for the current year with the current address

C) Submit a **NOTARIZED** form:

1. Requestor MUST sign and date the form in the presence of a Notary Public.
2. The Notary Public must complete all five notary fields on the front of the form.
3. The Notary Public must sign the form and affix their notary seal in the space provided.

The fee for a search of the files is $15; one search fee pays for one certified copy. **Please make your check or money order payable to North Dakota Department of Health**. We will issue a certified raised-seal paper copy for each copy requested. Once received in our office, copies are usually mailed in 3 to 5 business days **(this does not include the mailing time).** Certified copies **CANNOT** be faxed or emailed.

The certified copies will be sent by USPS First Class Mail unless you specify and include the funds for expedited shipping. Copies to be sent by Federal Express, UPS or USPS Priority Mail are processed the same day, provided the request is in our office by 10:00 a.m. Central Time, otherwise they will be processed the next business day.

1. **Federal Express Priority Overnight* - $20.00** (add $6 for delivery to Alaska or Hawaii)
2. **UPS Next Day Air* - $15.00**
3. **USPS Priority Mail - $10.00** (2-3 days mail time)

(*) - Cannot be used to send to P.O. Boxes

This form may be completed and **mailed** with fees to:

ND Department of Health
Division of Vital Records
600 East Boulevard Ave. Dept. 301
Bismarck, ND 58505-0200

Our web page is at: www.health.nd.gov/vital

For questions, call our office at (701) 328-2360 or e-mail us at vitalrec@nd.gov.